

Foster Family Home - Corrective Action Report

Provider ID: 1-150036

Home Name: May Rose Coloma, CNA

Review ID: 1-150036-9

1261 Nanakai Street

Reviewer: Julie Hastings

Pearl City HI 96782

Begin Date: 6/17/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.

-Corrective Action Report issued during home inspection with all written corrections due to CTA by 7/2/2020.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)
CG#3 e-Crim expired did on 4/9/18. Was due on or before 4/9/2020. No Current e-Crim

8.(a)(2)
CG#2 and CG#3 APS/CAN lapsed. CG #2 did on 3/8/18. Was due on or before 3/8/20. did on 3/16/20. CG#3 did on 4/11/18. Was due on or before 4/11/20. No current APS/CAN.

Foster Family Home Personnel and Staffing [11-800-41]

41.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(j)
41.(j)(2)

CG#1 was not in the home when this RN arrived for the inspection. She arrived just as this RN was being allowed into the home. No approved caregiver in the home at the time.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff
CG#4 CNA lapsed. It expired 5/31/20.

Foster Family Home - Corrective Action Report

Foster Family Home

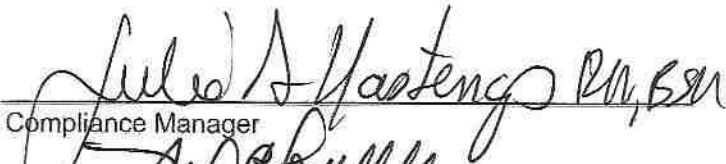
Insurance Requirements

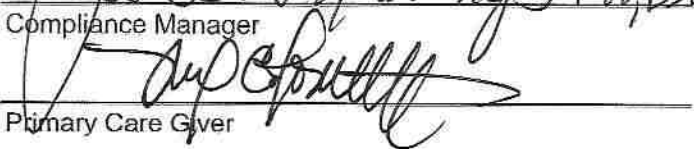
[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)
CG#4 not on liability insurance.


Compliance Manager


Primary Care Giver


Date


Date

CTA RN Compliance Manager: JULIE HASTINGS, RNCommunity Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800PCG's Name on CCFFH Certificate: MAY ROSE P. COLOMA
(PLEASE PRINT)CCFFH Address: 1261 NANAKAI STREET, PEARL CITY, HI 96782
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
8.a.2	CG #2 Lapsed 31 CANNOT BE CORRECTED	6/18/2020	HOME WILL USE CALENDAR TO HAVE ALL DUE DATES ON BACKGROUND CHECKS WILL BE DONE @ LEAST 2 WKS. PRIOR ON DUE DATES 21 PREVENT FUTURE LAPSES.
8.a.1. 8.a.2.	CG #3 APS/CAN Lapsed	6/22/2020	HOME WILL USE CALENDAR TO PUT ALL DUE DATES ON BACKGROUND CHECKS, WILL BE DONE 2 WKS. PRIOR ON DUE DATES TO PREVENT FUTURE LAPSES.
3p.a.4.	CG #4 CNA Lapsed	6/18/2020	CG #4 CNA LICENSED Lapsed 31 CORRECTED & IS ON FILE (BINDER) HOME WILL USE CALENDAR TO 11 DUE DATES. TO PREVENT FUTURE LAPSES. CG #4 ADDED ON LIABILITY INSURANCE 21 IT IS ON FILE / BINDER.

☒ All items that were fixed are attached to this CAP 7PCG's Signature: Date: 6/24/2020☒ CTA has reviewed all corrected items

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

PCG's Name on CCFFH Certificate: MAY ROSE P. COLOMA
(PLEASE PRINT)

CCFFH Address: 1261 NANAKAI STREET, PEARL CITY, HI 96782
(PLEASE PRINT)

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
51.0.1.	CG #4 NOT ON LIABILITY INSURANCE.	6/18/2020	CG #4 WERE ADDED ON LIABILITY INSURANCE HOME WILL USE CALENDAR TO PREVENT FUTURE LAPSES & ERRORS. AS IT'S ON FILE ON BINDER.
41.(J)	THE PRIMARY CAREGIVER SHALL GET A CERTIFIED SUB. TO PROVIDE CARE FOR CLIENTS.	7/9/20	HAVE A LIST OF BACK UP SUBSTITUTES & MAKE FUTURE ARRANGEMENT IN CASE PRIMARY CAREGIVER WILL BE AWAY
41.J.2.	COMMUNICATE & THE PRIMARY CAREGIVER OF ANY CIRCUMSTANCES THAT MAY ARISE.	7/9/20	ENSURE ALL SUBSTITUTE ARE ALL AWARE OF EACH CLIENT INDIVIDUAL NEEDS & ORIENT THEM TO THE HOME SETTING.

Primary Caregiver's Signature: 

Print Name: May Rose Coloma

Date of Signature: 6/24/2020

☒ CTA has reviewed all corrected items